Send your completed application, fee, and required documentation (if needed) to:

American Red Cross, 1804 North Sixth Street, Harrisburg, PA 17102, (866) 257-5238
Hours of Operation: 8:30 a.m. to 4:30 p.m. (MT)

Mandatory Licensure/Certification: Wyoming is a mandatory licensing state. Please see the candidate handbook and the Wyoming Board of Nursing web site (http://nursing.state.wy.us) for eligibility requirements and rules governing certification.

THIS APPLICATION IS FOR EXAMINATION CANDIDATES ONLY. If applying for certification by endorsement, deeming, or recertification, please contact the Wyoming State Board of Nursing, 1810 Pioneer Avenue, Cheyenne, WY 82002, Phone: (307) 777-7601, Fax: (307) 777-3519, Email: wsbn-info-licensing@wyo.gov

INCOMPLETE APPLICATIONS: All required information must be received in order to process your application. Incomplete applications will be held for one (1) year from the date received. If you are not certified after one (1) year, a new application and all required fees must be submitted.

1. PERSONAL INFORMATION
Enter the requested information on the appropriate line. Enter your name as you would like it to appear on your nurse aide registration.

Social Security Number: __________-____-________
Date of Birth: ______-____-____
Gender: [ ] FEMALE  [ ] MALE

CURRENT Legal Name:
LAST NAME ___________ FIRST NAME (Do NOT use nicknames) ________
MAIDEN NAME (If applicable) ________

Mailing Address:
STREET (number and name) ___________
APARTMENT NUMBER ___________
PO BOX ___________
CITY ___________
STATE ___________
ZIP CODE ___________

Home Phone Number: __________-____-____
Work Phone Number: __________-____-____

Email Address: ________________________________

2. NURSE AIDE EXAMINATION APPLICATION
I have enclosed a copy of the following:

[ ] NEW NURSE AIDE:
A copy of successfully completed Certificate of Completion issued from a Nursing Assistant Training Program approved by the Wyoming Board of Nursing within the last twelve (12) months or CNA - Ex 102.

(application continues on reverse)
3. EXAMINATION FEES
Payment of required fees must be included with your application. Fees are non-refundable. Fees should be made payable to “American Red Cross” in the form of a certified check, money order, or company check. Personal checks or cash are NOT accepted.

A. EXAMINATION FEES (check only one box)

☐ Written Exam and Skills Evaluation $98.00
☐ Oral English Exam and Skills Evaluation $98.00
☐ Oral Spanish Exam and Skills Evaluation $98.00
☐ Written Exam ONLY $33.00
☐ Oral English Exam ONLY $33.00
☐ Oral Spanish Exam ONLY $33.00
☐ Skills Evaluation ONLY $65.00

TOTAL FEES ENCLOSED: $______

B. REIMBURSEMENT FOR TRAINING AND TESTING
In accordance with federal law, if you are employed by or have an offer of employment from a nursing home at the time of your training, you cannot be charged for training, certification testing, books, or other course materials. If you go to work for a nursing home within twelve (12) months of completing the nurse aide training program, some or all of your expenses will be reimbursable. Please contact your nursing home employer for further information.

4. TEST SITE CODE AND TEST LOCATION
Provide the test site code and location of the test site where you wish to test. (See the Wyoming Nurse Aide Candidate Handbook for test locations and codes.) Please also indicate your preferred test date at each site (the current testing schedule is available at www.pearsonvue.com). You will be scheduled for the next available date at the site of your preference and you will be notified by mail of your scheduled examination date.

1st Choice Test Site
Test Code: RTS - 510
City/Town: ____________________________
Date: __/__/____

2nd Choice Test Site
Test Code: RTS - 510
City/Town: ____________________________
Date: __/__/____

5. EDUCATIONAL INFORMATION
Enter the name and location of your most recent certification course or nursing assistant training program

Name of Facility or Agency: ____________________________
Nursing Assistant Program: ____________________________
Address: ____________________________
City: ____________________________
State: ______ ZIP: ______
Date Enrolled: __/__/____
Date Completed: __/__/____

6. AFFIRMATION—SIGNATURE REQUIRED
I certify under penalty of perjury and subject to the provisions of W.S. §6-5-303 and its penalties, that I have not knowingly submitted false or misleading information to the Wyoming State Board of Nursing on any application for certification or temporary permit.

APPLICANT’S SIGNATURE ____________________________
DATE __/__/____